

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-8751)

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10/765204

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1	1	1	1	1	1	51						1
2	1		1		1		52						1
3	2		1		1		53						1
4	1		1		1		54						1
5	1		1		1		55						1
6	1		1		1		56						1
7	1		1		1		57						1
8	1		1		1		58						1
9	1		1		1		59						1
10	1		1		1		60						1
11	1		1		1		61						1
12	1		1		1		62						1
13	1		1		1		63						1
14	1		1		1		64						1
15	1		1		1		65						1
16	1		1		1		66						1
17	1		1		1		17						
18	1		1		1		18						
19	1		1		1		19						
20	1		1		1		20						
21	1		1		1		21						
22	1		1		1		22						
23	1		1		1		23						
24	1		1		1		24						
25	1		1		1		25						
26	1		1		1		26						
27	1		1		1		27						
28	1		1		1		28						
29	1		1		1		29						
30	1		1		1		30						
31	1		1		1		31						
32	1		1		1		32						
33	1		1		1		33						
34	1		1		1		34						
35	1		1		1		35						
36	1		1		1		36						
37	1		1		1		37						
38	1		1		1		38						
39	1		1		1		39						
40	1		1		1		40						
41	1		1		1		41						
42	1		1		1		42						
43	1		1		1		43						
44	1		1		1		44						
45	1		1		1		45						
46	1		1		1		46						
47	1		1		1		47						
48	1		1		1		48						
49	1		1		1		49						
50	1		1		1		50						
TOTAL IND.	2		2		2							1	
TOTAL DEP.	45	→	46	→								43	→
TOTAL CLAIMS	47		48									44	